

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

161562807

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		4				
6		2				
7		2				
8		2				
9		2				
10		5				
11		5				
12		5				
13		1				
14		8				
15		8				
16		1				
17		8				
18		8				
19		1				
20		1				
21		1				
22		1				
23		4				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
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49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		2	↓
TOTAL DEP.		←	←		94	←
TOTAL CLAIMS					96	